

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-0895.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1.     a.     Whether there should be additional reimbursement for date of service 03/05/01.
- b.     The request was received on 02/01/01.

**II. EXHIBITS**

1.     Requestor, Exhibit I:
  - a.     TWCC 60 and Request for Medical Dispute
  - b.     HCFA-1500
  - c.     EOB
  - d.     Medical Records
  - e.     Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2.     Respondent, Exhibit II:
  - a.     Response to a Request for Dispute Resolution
  - b.     Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3.     Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/27/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/02/02. The response from the insurance carrier was received in the Division on 07/09/02. Based on 133.307 (i) the insurance carrier's response is timely.
4.     Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

**III. PARTIES' POSITIONS**

1.     Requestor: Letter dated 06/12/02  
       "Our reimbursement for procedure 23120 was reduced 50%. This procedure was performed through a separate incision."
2.     Respondent: Letter dated 02/05/02

“The Provider is requesting reimbursement at...(100%...) since this procedure was performed through a separate incision. We reduced this payment to 50% of the MAR per the Texas Medical Fee Schedule...which states the multiple procedure rule applies when the secondary and subsequent procedures are not performed through the same incision but are related to the primary procedure.”

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/05/01.
2. The decision is rendered on the denial code submitted to the provider prior to the dispute being filed.
3. Per the provider’s TWCC-60, the amount billed is \$809.00; the amount paid by the carrier is \$404.50; the amount in dispute is \$404.50.
4. The carrier denied additional reimbursement by code, “F – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINES.”
5. The CPT code in dispute is 23120, right shoulder excision claviclectomy; partial. The incision for this procedure was a separate incision from the primary procedure incision (CPT code 23420 – reconstruction of the rotator cuff) as indicated in the procedure report.
6. According to the Medical Fee Guideline Surgery Ground Rules (I) (D) (c), “Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider’s usual and customary fee or 100% of the MAR.” The CPT code 23120 procedure is unrelated to the primary procedure, therefore, \$404.50 additional reimbursement is recommended to the provider.

#### **V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$404.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of September 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

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